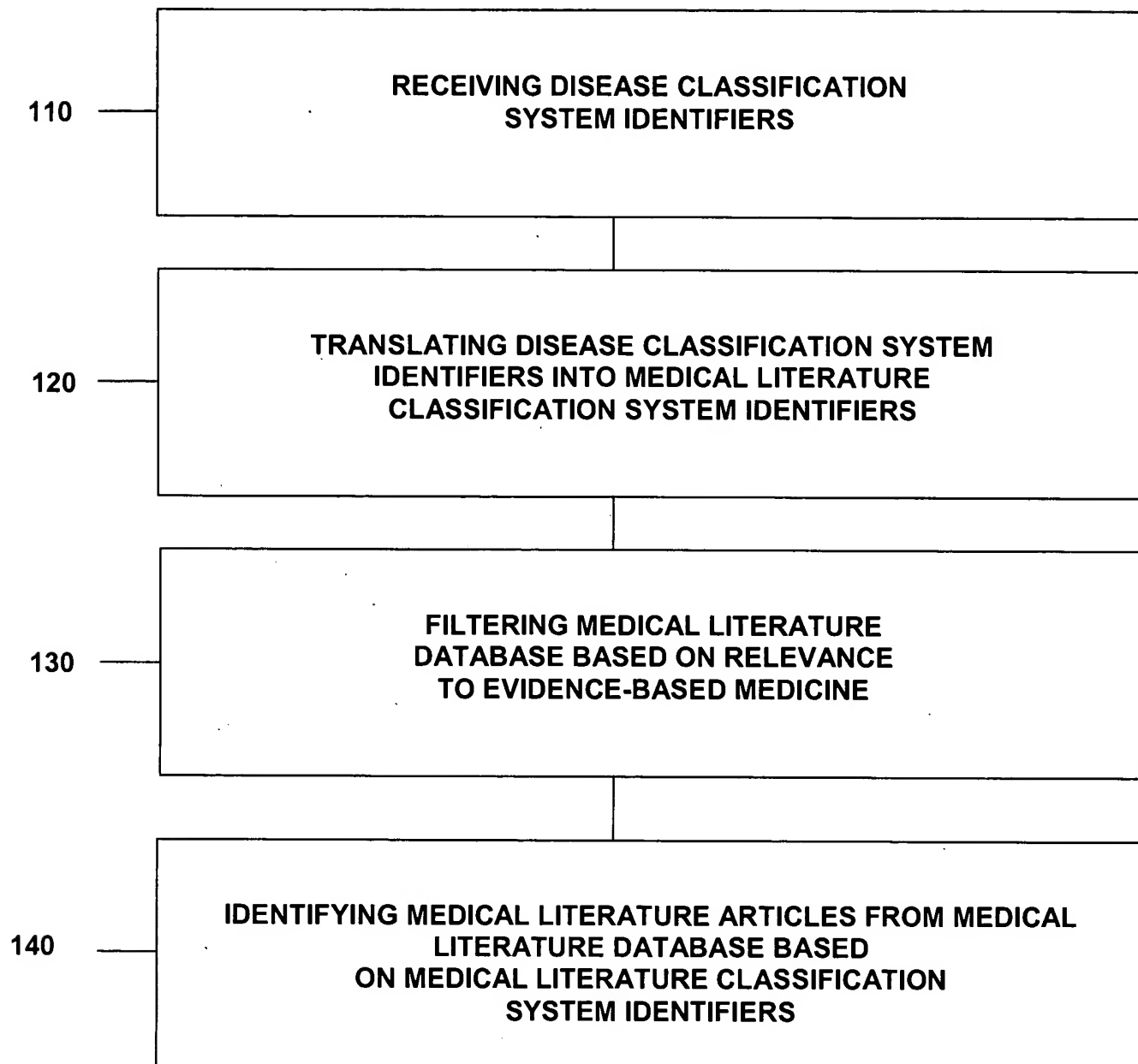


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**FIGURE 1**

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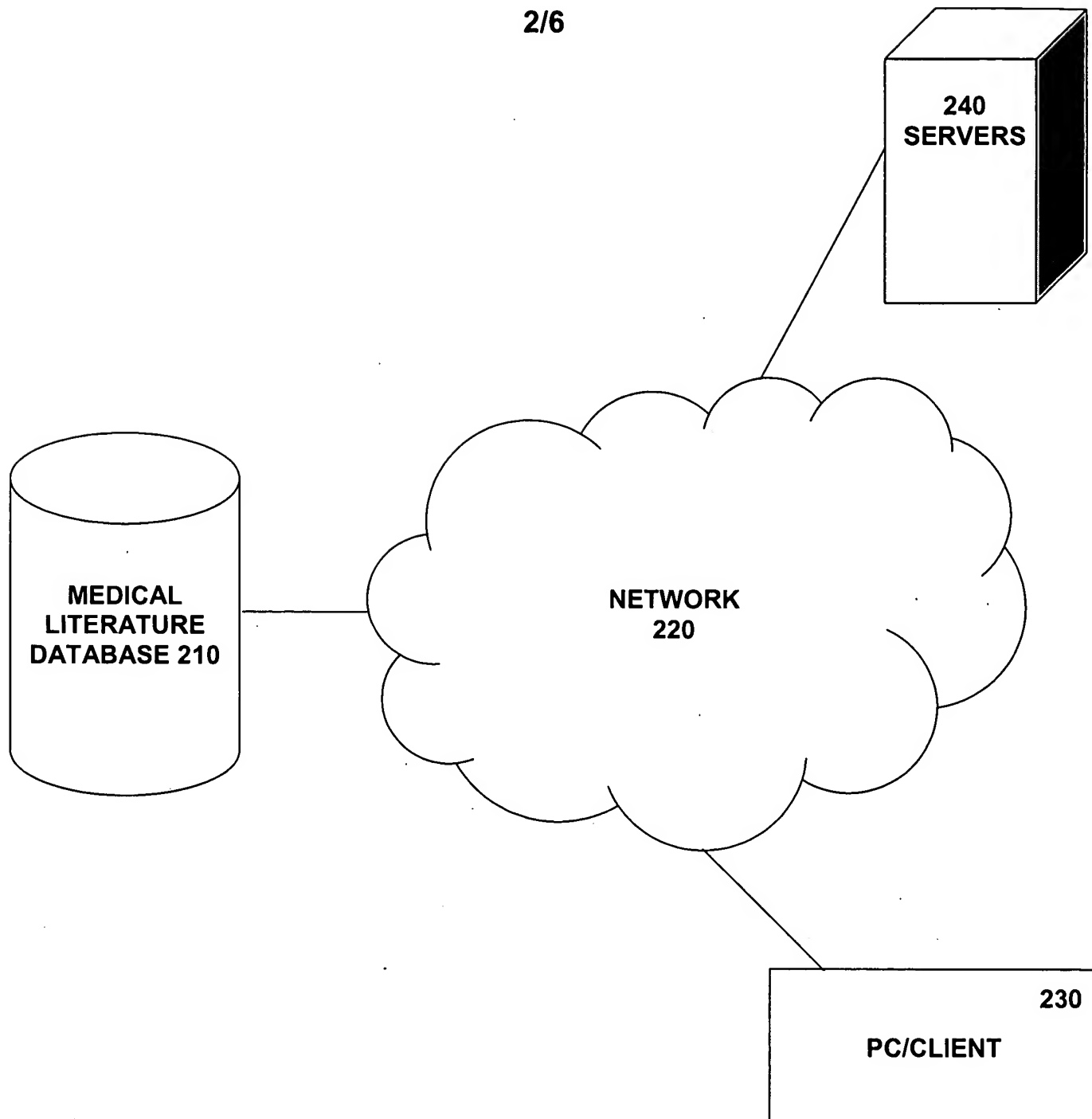
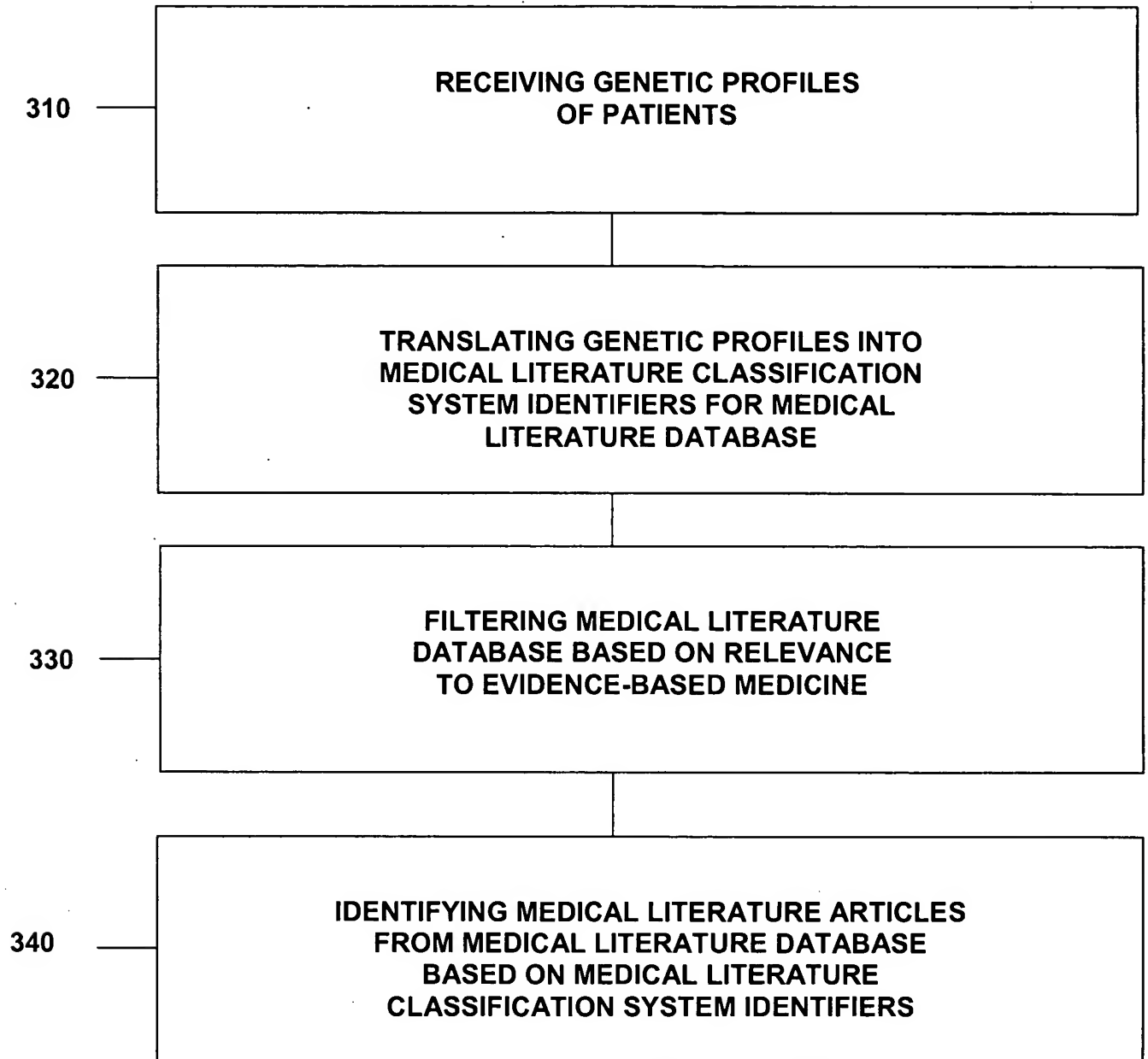



FIGURE 2

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**FIGURE 3**

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PMID 12186602

**Title** Changes in methadone treatment practices: results from a national panel study, 1988-2000.

**Author** D'Aunno T, Pollock HA

**Source** JAMA. 2002 Aug 21;288(7):850-6.

**Abstract** **CONTEXT:** Results from several studies conducted in the early 1990s showed that the majority of US methadone maintenance programs did not use treatment practices that met established standards for the care of heroin users. Effective treatment for heroin users is critical given the upsurge in heroin use and the continued role of injection drug use in the human immunodeficiency virus and hepatitis C epidemics. **OBJECTIVES:** To examine the extent to which US methadone maintenance treatment programs have made changes in the past 12 years to provide adequate methadone doses and to identify factors associated with variation in program performance. **DESIGN, SETTING, AND PARTICIPANTS:** Program directors and clinical supervisors of nationally representative methadone treatment programs that varied by ownership (for-profit, public, or private not-for-profit) and setting (eg, free-standing, hospital-based) were surveyed in 1988 (n = 172), 1990 (n = 140), 1995 (n = 116), and 2000 (n = 150). **MAIN OUTCOME MEASURES:** Percentage of patients in each treatment program receiving methadone dosages of less than 40, 60, and 80 mg/d. **RESULTS:** The percentage of patients receiving methadone dosage levels less than the recommended 60 mg/d has decreased from 79.5% in 1988 to 35.3% in 2000. Results also show that programs with a greater percentage of African American patients are especially likely to dispense low dosages, while programs with Joint Commission on Accreditation of Healthcare Organizations accreditation are more likely to provide adequate methadone doses. **CONCLUSIONS:** Efforts to improve methadone treatment practices appear to be making progress, but many patients are still receiving substandard care.

FIGURE 6

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FIGURE 4

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FIGURE 5